



#362
TAYLOR CREEK #1

State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid _____

Date _____

RECEIVED

DEC 24 1997

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name AMERICAN WATER Resources Home Tel: (____) ____ - ____
Mailing Address 921 B Middle Fork Rd Work Tel: (360) 978-6178
City Chalaska State WA Zip +4 98570 + ____ FAX: (360) 978-5225

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name V.R. Fox President Home Tel: (____) ____ - ____
Mailing Address 921 B Middle Fork Rd Work Tel: (360) 978-6178
City Chalaska State WA Zip +4 98570 + ____ FAX: (____) ____ - ____
Relationship to applicant President of AWRI

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 30 (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the
purpose(s) of Domestic / Public Supply. ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is
not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: _____

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be
needed:

From ____/____/____ to ____/____/____

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for <u>1</u> well(s).		
Number of diversions: _____								
Source flows into (name of body of water):						Size & depth of well(s): <u>6" 115'</u>		
LOCATION <u>100' N + 1200' E of the SW corner of sec 4</u>								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>Commencing SE corner of SW 1/4 of SW 1/4 of 4, 13, 16</u> <u>Thence N 89° 43' 02" W 90' Thence 00° 6' 22" W 100'</u>								
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SW</u>	<u>SW</u>	<u>4</u>	<u>13 N</u>	<u>1 W</u>	<u>Lewis</u>			
For Ecology Use Date Received: <u>12/24/97</u> Priority Date: <u>12/24/97</u>								
SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>12/29/97</u> By <u>SL</u> Date Returned _____ By _____ WRIA: <u>23</u>								

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: #362 - TAYLOR Creek #1
- B. Briefly describe your proposed water system. (See instructions.)
anew group B water system to serve 6 connections
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 6 Type of connection (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
(Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☐ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

see attached map

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☐ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

*American Water Resources Inc owns and operates
the water system -*

Desert Shadows Enterprises Inc LLC owns the land

B. Does the applicant own the land on which the water source is located? ☐ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

[Signature]
Applicant (or authorized representative)

12/19/97
Date

Landowner for place of use (if same as applicant, write "same")

Date

*the East 660. ' of even width of the SW SW of Sec 4
T 13 N R 1 W Except the West 150' of even width
thereof*

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).